

## **QUARTERLY STATEMENT**

## **AS OF MARCH 31, 2018**

OF THE CONDITION AND AFFAIRS OF THE

Meridian Health Plan of Michigan, Inc.

NAIC Group Code	4640 ,	4640	NAIC Company Code	52563	Employer's ID Number	38-3253977
	(Current Period)	(Prior Period)				
Organized under the Laws	of	Michigan	, State of Domi	cile or Port of Entry		MI
Country of Domicile	U	nited States of America				
Licensed as business type:	Life, Accident & He Dental Service Cor Other[ ]	poration[] Visio	erty/Casualty[ ] on Service Corporation[ ] MO Federally Qualified? Yes[X] N	Health Ma	Medical & Dental Service or Indesintenance Organization[X]	emnity[ ]
Incorporated/Organized		12/31/1995	Comme	enced Business	12/31/1995	5
Statutory Home Office		1 Campus Martius, Suite 7	700,		Detroit, MI, US 48226	
Main Administrative Office		(Street and Number)	1 Campus Ma	C artius, Suite 700	ity or Town, State, Country and Zip C	Code)
		troit, MI, US 48226	(Street ar	nd Number)	(313)324-3700	
		ate, Country and Zip Code)			(Area Code) (Telephone Numl	her)
Mail Address	(Oity of Town, O	1 Campus Martius, Suite 7	700		Detroit, MI, US 48226	oei)
		(Street and Number or P.O. B		(C	tity or Town, State, Country and Zip C	Code)
Primary Location of Books	and Records _		1 Camp	ous Martius, Suite 700		
	Detroi	t. MI. US 48226	(5	Street and Number)	(313)324-3700	
		ate, Country and Zip Code)			(Area Code) (Telephone Numl	ber)
Internet Web Site Address		www.mhplan.com	1		(, (	,
Statutory Statement Contact	ct	Matthew Agnone			(313)324-3700	
	matthew a	(Name) gnone@mhplan.com			(Area Code)(Telephone Number)(E. (313)324-1822	xtension)
		Mail Address)			(513)324-1022 (Fax Number)	
		Sea Jani	B. Cotton n P. Cotton ce Torosian  OTHERS  ECTORS OR TRUSTI	<b>EES</b> Karie Paste	ernak	
County of V  The officers of this reporting nerein described assets were elated exhibits, schedules are porting entity as of the reporting entity as of the reporting not related to accordescribed officers also include.	re the absolute property and explanations therei corting period stated ab Accounting Practices a counting practices and produces the related corresp	r of the said reporting entity, n contained, annexed or refe ove, and of its income and d nd Procedures manual excep ocedures, according to the b onding electronic filing with t	they are the described officers of a free and clear from any liens or claured to, is a full and true statemen eductions therefrom for the period to to the extent that: (1) state law nest of their information, knowledging NAIC, when required, that is are in lieu of or in addition to the enter the same transport of the same transp	aims thereon, except it of all the assets and ended, and have be nay differ; or, (2) that e and belief, respection exact copy (except	as herein stated, and that this s d liabilities and of the condition a en completed in accordance wit state rules or regulations requir vely. Furthermore, the scope of	tatement, together with and affairs of the said th the NAIC Annual re differences in this attestation by the
	(Signature) on B. Cotton Printed Name) 1. President (Title) rn to before me this	a. ls	(Signature) Sean P. Cotton (Printed Name) 2. Secretary (Title) this an original filing?		(Signature) Janice Torosian (Printed Name) 3. Treasurer (Title) Yes[X] No[]	
day of		2018 b. If	no, 1. State the amendment in 2. Date filed 3. Number of pages attacts			_

(Notary Public Signature)

## **ASSETS**

		LIJ	irrent Statement Date	2	4
		1	2	3	4
		'	Nonadmitted	Net Admitted Assets	December 31 Prior Year Net
		Assets	Assets	(Cols. 1 - 2)	Admitted Assets
1.	Bonds	104,615,152		104,615,152	108,660,184
2.	Stocks:				
	2.1 Preferred stocks				
	2.2 Common stocks	17,234,119		17,234,119	17,221,836
3.	Mortgage loans on real estate:				
	3.1 First liens				
١.	3.2 Other than first liens				
4.	Real estate:				
	4.1 Properties occupied by the company (less \$0				
	encumbrances)				
	4.2 Properties held for the production of income (less \$0				
	encumbrances)				
	4.3 Properties held for sale (less \$ 0 encumbrances)				
5.	Cash (\$168,123,682), cash equivalents (\$6,734,648) and				
	short-term investments (\$71,405,249)				
6.	Contract loans (including \$0 premium notes)				
7.	Derivatives				
8.	Other invested assets				
9.	Receivables for securities				
10.	Securities lending reinvested collateral assets				
11.	Aggregate write-ins for invested assets				
12.	Subtotals, cash and invested assets (Lines 1 to 11)				
13.	Title plants less \$0 charged off (for Title insurers only)				
14.	Investment income due and accrued	1,888,008	70,210	1,817,798	1,710,176
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of				
	collection	44,234,674		44,234,674	38,521,612
	15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$0 earned but unbilled premiums)				
	15.3 Accrued retrospective premiums (\$11,358,456) and contracts subject to redetermination (\$0)			11,358,456	7,685,737
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers	3,468,891		3,468,891	3,264,841
	16.2 Funds held by or deposited with reinsured companies				
	16.3 Other amounts receivable under reinsurance contracts				
17.	Amounts receivable relating to uninsured plans	2,199,683		2,199,683	7,948,523
18.1	Current federal and foreign income tax recoverable and interest thereon				
18.2	Net deferred tax asset	1,026,286		1,026,286	1,026,286
19.	Guaranty funds receivable or on deposit				
20.	Electronic data processing equipment and software				
21.	Furniture and equipment, including health care delivery assets (\$0)				
22.	Net adjustments in assets and liabilities due to foreign exchange rates				
23.	Receivables from parent, subsidiaries and affiliates				
24.	Health care (\$45,501,302) and other amounts receivable	99,124,170	1,539,819	97,584,351	38,761,168
25.	Aggregate write-ins for other-than-invested assets	3,027	3,027		
26.	TOTAL assets excluding Separate Accounts, Segregated Accounts and				
	Protected Cell Accounts (Lines 12 to 25)	532,722,580	2,816,668	529,905,912	451,780,518
27.	From Separate Accounts, Segregated Accounts and Protected Cell				
	Accounts				
28.	TOTAL (Lines 26 and 27)	532,722,580	2,816,668	529,905,912	451,780,518
	ILS OF WRITE-INS				
_					
1102.					
1103.					
	Summary of remaining write-ins for Line 11 from overflow page				
	TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2502.	Deposits	·			
2503.					
	Summary of remaining write-ins for Line 25 from overflow page				
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	3,027	3,027		

# STATEMENT AS OF March 31, 2018 OF THE Meridian Health Plan of Michigan, Inc. LIABILITIES, CAPITAL AND SURPLUS

	LIADILITIES, CAPITAL AND				Drien Veen
		1	Current Period 2	3	Prior Year 4
		Covered	Uncovered	Total	Total
1.	Claims unpaid (less \$0 reinsurance ceded)	243,256,160		243,256,160	229,844,348
2.	Accrued medical incentive pool and bonus amounts	6,599,406		6,599,406	3,596,656
3.	Unpaid claims adjustment expenses				
4.	Aggregate health policy reserves, including the liability of \$0 for medical loss ratio				
	rebate per the Public Health Service Act	8,400,000		8,400,000	8,400,000
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserve				
7.	Aggregate health claim reserves				
8.	Premiums received in advance	16,477,225		16,477,225	551,197
9.	General expenses due or accrued	54,833,159		54,833,159	5,501,849
10.1	Current federal and foreign income tax payable and interest thereon (including \$0				
	on realized gains (losses))	12,226,394		12,226,394	1,599,637
10.2	Net deferred tax liability				
11.	Ceded reinsurance premiums payable				
12.	Amounts withheld or retained for the account of others				
13.	Remittances and items not allocated				
14.	Borrowed money (including \$0 current) and interest thereon \$0				
	(including \$0 current)				
15.	Amounts due to parent, subsidiaries and affiliates	4,735,960		4,735,960	15,473,668
16.	Derivatives				
17.	Payable for securities				
18.	Payable for securities lending				
19.	Funds held under reinsurance treaties with (\$0 authorized reinsurers, \$0				
	unauthorized reinsurers and \$0 certified reinsurers)				
20.	Reinsurance in unauthorized and certified (\$0) companies				
21.	Net adjustments in assets and liabilities due to foreign exchange rates				
22.	Liability for amounts held under uninsured plans	67,574		67,574	39,007
23.	Aggregate write-ins for other liabilities (including \$0 current)				
24.	Total liabilities (Lines 1 to 23)	346,595,878		346,595,878	265,006,362
25.	Aggregate write-ins for special surplus funds	X X X	X X X		42,502,056
26.	Common capital stock	X X X	X X X	44,700	44,700
27.	Preferred capital stock	X X X	X X X		
28.	Gross paid in and contributed surplus	X X X	X X X	83,451,363	83,451,363
29.	Surplus notes	X X X	X X X		
30.	Aggregate write-ins for other-than-special surplus funds	X X X	X X X		
31.	Unassigned funds (surplus)	X X X	X X X	99,813,971	60,776,037
32.	Less treasury stock, at cost:				
	32.10 shares common (value included in Line 26 \$0)	X X X	X X X		
	32.20 shares preferred (value included in Line 27 \$0)	X X X	X X X		
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)	X X X	X X X	183,310,034	186,774,156
34.	Total Liabilities, capital and surplus (Lines 24 and 33)	X X X	X X X	529,905,912	451,780,518
	ILS OF WRITE-INS				
2301. 2302.					
2303.				l	
	Summary of remaining write-ins for Line 23 from overflow page				
2399.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)				40.500.050
2501. 2502.	Estimate of 2018 ACA Health Insurer Fee Surplus			l	42,502,056
2502. 2503.					
	Summary of remaining write-ins for Line 25 from overflow page			I I	
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	X X X	X X X		42,502,056
3001.					
3002. 3003.					
	Summary of remaining write-ins for Line 30 from overflow page				
	TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)				

STATEMENT AS OF March 31, 2018 OF THE Meridian Health Plan of Michigan, Inc.

STATEMENT OF REVENUE AND EXPENSES

	STATEMENT OF REVENUE	Current Yea		Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1.	Member Months	xxx	1,552,581	1,538,724	6,238,166
2.	Net premium income (including \$0 non-health premium income)	xxx	490,641,334	578,308,790	2,201,824,040
3.	Change in unearned premium reserves and reserves for rate credits	x x x			
4.	Fee-for-service (net of \$0 medical expenses)	x x x			
5.	Risk revenue	x x x			
6.	Aggregate write-ins for other health care related revenues	x x x	52,083,049		19,224
7.	Aggregate write-ins for other non-health revenues	x x x			
8.	Total revenues (Lines 2 to 7)	X X X	542,724,383	578,308,790	2,201,843,264
Hospita	al and Medical:				
9.	Hospital/medical benefits		298,359,191	412,268,513	1,494,736,279
10.	Other professional services		18,496,203	19,406,091	69,547,225
11.	Outside referrals		20,936,339	13,923,652	60,906,981
12.	Emergency room and out-of-area		9,388,179	8,618,419	31,811,926
13.	Prescription drugs		86,254,255	77,389,224	311,678,508
14.	Aggregate write-ins for other hospital and medical		46,803	41,439	380,948
15.	Incentive pool, withhold adjustments and bonus amounts				
16.	Subtotal (Lines 9 to 15)				
Less:					
17.	Net reinsurance recoveries		204,050	(127,271)	2,523,990
18.	Total hospital and medical (Lines 16 minus 17)				
19.	Non-health claims (net)				
20.	Claims adjustment expenses, including \$10,271,345 cost containment expenses				
21.	General administrative expenses				
22.	Increase in reserves for life and accident and health contracts (including \$0 increase				
	in reserves for life only)				
23.	Total underwriting deductions (Lines 18 through 22)		536,210,334	588,427,021	2,202,799,541
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	xxx	6,514,049	(10,118,231)	(956,277)
25.	Net investment income earned		914,743	596,118	2,688,479
26.	Net realized capital gains (losses) less capital gains tax of \$3,504		13,180	(3,561)	196,001
27.	Net investment gains or (losses) (Lines 25 plus 26)		927,923	592,557	2,884,480
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered				
	\$0) (amount charged off \$0)]				
29.	Aggregate write-ins for other income or expenses				
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24				
	plus 27 plus 28 plus 29)	x x x	7,441,972	(9,525,674)	1,928,203
31.	Federal and foreign income taxes incurred	xxx	10,623,253	(3,254,816)	1,382,129
32.	Net income (loss) (Lines 30 minus 31)	x x x	(3,181,281)	(6,270,858)	546,074
	S OF WRITE-INS  ACA Health Insurer Fee - 2016 Adjustment				40.004
0601. 0602.	ACA Health Insurer Fee - 2018 Adjustment ACA Health Insurer Fee - 2018				
0603.		X X X			
0698. 0699.	Summary of remaining write-ins for Line 6 from overflow page				
0701.		X X X			
0702. 0703.					
0798.	Summary of remaining write-ins for Line 7 from overflow page	X X X			
0799. 1401.	TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)  Hearing/Speech devices				
1401.	nearing/speech devices				
1403.	Common of complaint units in far line 44 from conflavores				
1498. 1499.	Summary of remaining write-ins for Line 14 from overflow page  TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)				
2901.	Miscellaneous revenue				
2902. 2903.					
2998.	Summary of remaining write-ins for Line 29 from overflow page				
2999.	TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)				

## **STATEMENT OF REVENUE AND EXPENSES (Continued)**

		1	2	3 Prior Year
		Current Year To Date	Prior Year To Date	Ended December 31
	CAPITAL & SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year	186,774,156	185,340,432	185,340,432
34.	Net income or (loss) from Line 32	(3,181,281)	(6,270,858)	546,074
35.	Change in valuation basis of aggregate policy and claim reserves			
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$	29,865	640,298	1,417,113
37.	Change in net unrealized foreign exchange capital gain or (loss)			
38.	Change in net deferred income tax			309,835
39.	Change in nonadmitted assets	(312,706)	288,910	(839,298)
40.	Change in unauthorized and certified reinsurance			
41.	Change in treasury stock			
42.	Change in surplus notes			
43.	Cumulative effect of changes in accounting principles			
44.	Capital Changes:			
	44.1 Paid in			
	44.2 Transferred from surplus (Stock Dividend)			
	44.3 Transferred to surplus			
45.	Surplus adjustments:			
	45.1 Paid in			
	45.2 Transferred to capital (Stock Dividend)			
	45.3 Transferred from capital			
46.	Dividends to stockholders			
47.	Aggregate write-ins for gains or (losses) in surplus			
48.	Net change in capital and surplus (Lines 34 to 47)	(3,464,122)	(5,341,650)	1,433,724
49. <b>DETA</b> I	Capital and surplus end of reporting period (Line 33 plus 48)	183,310,034	179,998,782	186,774,156
4701. 4702.	EO OT WILL-ING			
4702. 4703. 4798.	Summary of remaining write-ins for Line 47 from overflow page			
4799.	TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)			

## **CASH FLOW**

			1 Current Year	2 Prior Year	3 Prior Year Ended
		Cash from Operations	To Date	To Date	December 31
1.	Dromii	ums collected net of reinsurance	406 303 443	600 755 803	2 230 406 405
2.		/estment income			
				·	
3.		laneous income L (Lines 1 to 3)			
4.					
5.		t and loss related payments			
6.		Insfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.		issions, expenses paid and aggregate write-ins for deductions			
8.		nds paid to policyholders			
9.		al and foreign income taxes paid (recovered) net of \$ 0 tax on capital gains			
		5)			
10.		L (Lines 5 through 9)			
11.	Net ca	sh from operations (Line 4 minus Line 10)	26,485,454	(27,770,679)	(64,087,391)
		Cash from Investments			
12.	Procee	eds from investments sold, matured or repaid:			
	12.1	Bonds	5,204,286	4,382,016	25,287,896
	12.2	Stocks	911,786		314,342
	12.3	Mortgage loans			
	12.4	Real estate			
	12.5	Other invested assets		8,053	85,027
	12.6	Net gains or (losses) on cash, cash equivalents and short-term investments			
	12.7	Miscellaneous proceeds			
	12.8	TOTAL investment proceeds (Lines 12.1 to 12.7)			
13.		f investments acquired (long-term only):	,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
10.		Bonds	1,623,345	679,840	35.790.258
	13.2	Stocks	, , , , , , , , , , , , , , , , , , ,	·	
	13.2				
		Mortgage loans			
	13.4	Real estate			
	13.5	Other invested assets			
	13.6	Miscellaneous applications			
	13.7	TOTAL investments acquired (Lines 13.1 to 13.6)			
14.		crease (or decrease) in contract loans and premium notes			
15.	Net ca	sh from investments (Line 12.8 minus Line 13.7 and Line 14)	3,638,601	3,708,162	(14,425,262)
		Cash from Financing and Miscellaneous Sources			
16.	Cash p	provided (applied):			
	16.1	Surplus notes, capital notes			
	16.2	Capital and paid in surplus, less treasury stock			
	16.3	Borrowed funds			
	16.4	Net deposits on deposit-type contracts and other insurance liabilities			
	16.5	Dividends to stockholders			
	16.6	Other cash provided (applied)	(10,737,708)	(15,262,837)	(3,443,986)
17.	Net ca	sh from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5			
	plus Li	ne 16.6)	(10,737,708)	(15,262,837)	(3,443,986)
	RECON	CILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			ĺ
18.		ange in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and			
			19,386,347	(39,325,354)	(81,956,638)
19.		cash equivalents and short-term investments:		( 1,1 2,22 1)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	19.1	Beginning of year	226 877 232	308 833 871	308 833 871
	19.1	End of period (Line 18 plus Line 19.1)			
	10.4	Note: Supplemental Disclosures of Cash Flow Information for			1 220,011,232

20.0001	 	 

## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

		1	Comprehensive (H	ospital & Medical)	4	5	6	7	8	9	10
			2	3				Federal			
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
		Total	Illulvidual	Gloup	Supplement	Offig	Offity	Defiell Flair	ivieulcare	ivieuicaiu	Other
Total	Members at end of:										
1.	Prior Year	517,338	5,261						12,675	499,402	
2.	First Quarter	508,651	6,047						16,663	485,941	
3.	Second Quarter										
4.	Third Quarter										
5.	Current Year										
6.	Current Year Member Months	1,552,581	18,814						48,671	1,485,096	
Total	Member Ambulatory Encounters for Period:										
7.	Physician	1,321,165	4,022						72,056	1,245,087	
8.	Non-Physician	1,392,108	1,867						109,621	1,280,620	
9.	Total	2,713,273	5,889						181,677	2,525,707	
10.	Hospital Patient Days Incurred		83						4,816	34,118	
11.	Number of Inpatient Admissions	10,520	27						849	9,644	
12.	Health Premiums Written (a)	491,315,484	7,358,548						59,378,849	424,578,087	
13.	Life Premiums Direct										
14.	Property/Casualty Premiums Written										
15.	Health Premiums Earned	490,641,334	7,295,364						59,359,347	423,986,623	
16.	Property/Casualty Premiums Earned										
17.	Amount Paid for Provision of Health Care Services	427,012,403	2,709,617						47,075,495	377,218,791	8,500
18.	Amount Incurred for Provision of Health Care										
	Services	437,273,327	6,310,713						44,363,724	386,590,390	8,500

<sup>(</sup>a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......59,378,849.

CLAIMS UNPAID AND INCE		WITHHOLD AN nalysis of Unpaid Clai		eported and Un	reportea)	
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 days	Over 120 Days	Total
Claims unpaid (Reported)						
0199999 Individually Listed Claims Unpaid						
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	70,375,018	661,462	661,462	165,145	3,048,173	74,911,20
0499999 Subtotals	70,375,018	661,462	661,462	165,145	3,048,173	74,911,20
0599999 Unreported claims and other claim reserves						168,344,90
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						243,256,10
0899999 Accrued Medical Incentive Pool And Bonus Amounts						6 500 /1

## **UNDERWRITING AND INVESTMENT EXHIBIT**

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

						5	6
				Liat	oility		
		Cla	ims	End of			
		Paid Yea	r to Date	Current	Quarter		
		1	2	3	4		Estimated Claim
							Reserve and
		On	On	On	On		Claim
	Line	Claims Incurred	Claims Incurred	Claims Unpaid	Claims Incurred	Claims Incurred	Liability
	of	Prior to January 1	During the	Dec 31 of	During the	in Prior Years	Dec 31 of
	Business	of Current Year	Year	Prior Year	Year	(Columns 1+3)	Prior Year
1.	Comprehensive (hospital & medical)						2,639,379
2.	Medicare Supplement						
3.	Dental only						
4.	Vision only						
5.	Federal Employees Health Benefits Plan						
6.	Title XVIII - Medicare						
7.	Title XIX - Medicaid						
8.	Other health	8,500		2,753		11,253	2,753
9.	Health subtotal (Lines 1 to 8)						
10.	Healthcare receivables (a)		4,192,279	11,424,844	6,481,289	11,424,844	11,424,844
11.	Other non-health						
12.	Medical incentive pools and bonus amounts	213,426	576,181	3,389,708	3,209,698	3,603,134	3,596,656
13.	Totals (Lines 9 - 10 + 11 + 12)	156,916,166	270,219,838	65,114,972	166,834,461	222,031,138	222,016,160

<sup>(</sup>a) Excludes \$.....0 loans or advances to providers not yet expensed.

#### Note 1 – Summary of Significant Accounting Policies

Meridian Health Plan of Michigan, Inc. (the "Company") operates as a state-licensed health maintenance organization (HMO). The Company provides medical services to persons in sixty-eight Michigan counties who subscribe as recipients of state health benefits (Medicaid benefits). In addition, the Company operates a Medicare Advantage Dual-Eligible Special Needs Plan, a Medicare Advantage Prescription Drug Plan, and a Medicare – Medicaid Alignment Initiative Plan and offers metal and catastrophic plans on the Federal Health Insurance Marketplace.

The Company contracts directly with physician/physician groups and hospitals for the provision of medical care, and compensates the providers on either a capitation or fee for service basis. The Company has a risk sharing arrangement with some primary care physicians, and a portion of the capitation payments may be retained for settlement of risk-sharing arrangements.

#### A. Accounting Practices

The financial statements of Meridian Health Plan of Michigan (the "Company") are presented on the basis of accounting practices prescribed or permitted by the Michigan Department of Insurance and Financial Services ("DIFS").

The DIFS recognizes only statutory accounting practices prescribed or permitted by the State of Michigan for determining and reporting the financial condition and results of operations of an insurance company and for determining its solvency under the Michigan Insurance Code. The DIFS has adopted the National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures Manual as a component of prescribed and permitted practices for the state. The DIFS has the right to permit specific practices that deviate from prescribed practices. The State of Michigan requires transfer payment programs, which consist of the Graduate Medical Education ("GME"), and Specialty Network Access Fee ("SNAF"), to be recorded as premium income, and the resulting payments to providers to be treated as hospital/medical benefits. In NAIC SAP these types of pass-through arrangements are reported as uninsured plans. This state prescribed accounting practice resulted in no differences from NAIC SAP net income or capital and surplus.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the DIFS is shown below:

		SSAP	F/S	F/S	2212	0047
		#	Page	Line	2018	2017
IET I NCOME			J			
(1)	State basis (Page 4, Line 32, Columns 2 & 3)	N/A	N/A	N/A	\$ (3,181,281)	\$ 546,074
(2)	State Prescribed Practices that increase/(decrease) NAIC SAP:					
(201)						
(299)	Total				\$ -	\$ -
(3)	State Permitted Practices that increase/(decrease) NAIC SAP:					
(301)						
(399)	Total				\$ -	\$ -
(4)	NAIC SAP (1-2-3=4)	N/A	N/A	N/A	\$ (3,181,281)	\$ 546,074
URPLUS	<u> </u>					
(5)	State basis (Page 3, Line 33, Columns 3 & 4)	N/A	N/A	N/A	\$ 183,310,034	\$ 186,774,156
(6)	State Prescribed Practices that increase/(decrease) NAIC SAP:					
(601)						
(699)	Total				\$ -	\$ -
(7)	State Permitted Practices that increase/(decrease) NAIC SAP:					
(701)						
(799)	Total				\$ -	\$ -
(8)	NAIC SAP (5-6-7=8)	N/A	N/A	N/A	\$ 183,310,034	\$ 186,774,156

### B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, primarily claims unpaid. It also requires disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

#### C. Accounting Policy

Health capitation premiums are recognized in the period members are entitled to related health care services. Health care service costs and the related liabilities for claims payable are recorded when medical services are provided to eligible members. Expenses are charged to operations as incurred.

- 1. Short-term investments are stated at amortized cost.
- 2. Bonds are stated at amortized cost using the scientific interest method.
- 3. Common stocks are stated at fair market value.
- 4. The Company had no preferred stock.
- 5. The Company had no mortgage loans on real estate.
- 6. The Company had no loan-backed securities.
- 7. The Company had no investments in subsidiaries, controlled or affiliated entities.
- 8. The Company has a minor ownership interests in a joint venture. The Company carries this interest based on the underlying audited GAAP equity of the investee.
- 9. The Company had no derivatives.
- 10. The Company does not utilize anticipated investment income as a factor in the premium deficiency calculation.
- 11. Claims payable includes an actuarially determined estimate of the ultimate cost of settling claims.
- 12. The Company has no property and equipment and related capitalization policy.
- 13. Pharmaceutical rebates receivable are estimated based on actual prescriptions filled.

#### D. Going Concern

None

#### Note 2 - Accounting Changes and Corrections of Errors

None

#### Note 3 - Business Combinations and Goodwill

None

#### Note 4 - Discontinued Operations

None

#### Note 5 - Investments

- D. Loan Backed Securities None
- E. Repurchase Agreements and/or Securities Lending Transactions None
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing None
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing None
- H. Repurchase Agreements Transactions Accounted for as a Sale None
- I. Working Capital Finance Investments None

- M. Working Capital Finance Investments None
- N. Offsetting and Netting of Assets and Liabilities None

#### Note 6 - Joint Ventures, Partnerships, and Limited Liability Companies

No change

Note 7 - Investment Income

No change

Note 8 - Derivative Instruments

None

Note 9 - Income Taxes

No change

Note 10 - Information Concerning Parent, Subsidiaries, and Affiliates

No change

Note 11 - Debt

- A. Outstanding Debt None
- B. FHLB (Federal Home Loan Bank) Agreements None
- Note 12 Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences, and Other Postretirement Benefit Plans
  - A.- D. Defined Benefit Plan None
- Note 13 Capital and Surplus, Stockholders' Dividend Restrictions, and Quasi-Reorganizations

No change

Note 14 - Contingencies

None

Note 15 - Leases

None

Note 16 - Information about Financial Instruments with Off-balance-sheet Risk and Financial Instruments with Concentrations of Credit Risk

None

- Note 17 Sale, Transfer, and Servicing of Financial Assets and Extinguishments of Liabilities
  - A. Transfer of Receivables reported as Sales None
  - B. Transfer and Servicing of Financial Assets None
  - C. Wash Sales None
- Note 18 Gain or Loss to the Reporting Entity from Uninsured A&H Plans and the Uninsured Portion of Partially Insured Plans

No change

Note 19 - Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

None

Note 20 - Fair Value Measurements

A. Fair Market Value at Reporting Date

1. Fair Value Measurements at Reporting Date

	Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Total
a.	Common Stocks	\$ 17,234,119			\$ 17,234,119
99	Subtotal – Assets at fair value	\$ 17,234,119			\$ 17,234,119
b.	Liabilities at fair value				
1	Derivatives				
2					
99	Subtotal – Liabilities at fair value				

- 2. Fair Value Measurements in (Level 3) of the Fair Value Hierarchy None
- 3. The Company does not have any securities that have transferred between levels.
- 4. The Company has not valued any securities at a Level 2 or 3.
- 5. Derivative assets and liabilities None
- B. Fair Value information under SSAP No. 100 combined with Fair Value information Under Other Accounting Pronouncements None
- C. Aggregate Fair Value of All Financial Instruments

Aggregate fair values of the financials instruments and applicable levels within the fair value hierarchy.

Type of Financial Instruments		ggregate Fair Value	Ad	dmitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable Carrying Value)
Bonds	\$	103,464,430	\$	104,615,152	\$	\$ 103,464,430	\$	\$ -
Short-term investments	\$	71,220,845	\$	71,405,249	\$ -	\$ 71,220,845	\$ -	\$ -
Cash Equivalent	\$	6,734,648	\$	6,734,648	\$ 6,734,648	\$ -	\$ -	\$ -
Common Stock	\$	17,234,119	\$	17,234,119	\$ 17,234,119	\$ -	\$ -	\$ -

D. Not Practicable to Estimate Fair Value - None

#### Note 21 - Other Items

None

#### Note 22 - Events Subsequent

No change

#### Note 23 - Reinsurance

No change

#### Note 24 - Retrospectively Rated Contracts and Contracts Subject to Redetermination

- E. Risk Sharing Provisions of the Affordable Care Act (ACA)
  - 1. Did the reporting entity write accident and health insurance premiums that is subject to the Affordable Care Act risk-sharing provisions (Yes/No)? Yes

The Company had a zero balance for the 2018 risk adjustment program due to a lack of sufficient data to estimate amounts recoverable or payable at this time.

As of December 31, 2017 the Company estimated accrued retrospective premium adjustment of \$8,400,000 payable for the 2017 risk adjustment program.

2. Impact of Risk – Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year

			AM	OUNT
a.	Permanent AC	A Risk Adjustment Program		
	Assets			
		Premium adjustments receivable due to ACA Risk Adjustment	\$	-
	Liabilities			
		2 Risk adjustment user fees payable for ACA Risk Adjustment	\$	-
		3 Premium adjustments payable due to ACA Risk Adjustment	\$	-
	Operations (Re	venue & Expense)		
		Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$	-
		5 Reported in expenses as ACA risk adjustment user fees (incurred/paid)	\$	260,062
b.	Transitional A	CA Reinsurance Program		
	Assets			
		1 Amounts recoverable for claims paid due to ACA Reinsurance	\$	-
		Amounts recoverable for claims unpaid due to ACA Reinsurance		
		(Contra Liability)	\$	-
		Amounts receivable relating to uninsured plans for contributions for		
		ACA Reinsurance	\$	-
	Liabilities			
		Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium	\$	
		5 Ceded reinsurance premiums payable due to ACA Reinsurance	\$	_
		Liability for amounts held under uninsured plans contributions for	•	
		\$	-	
	Operations (Re			
		7 Ceded reinsurance premiums due to ACA Reinsurance	\$	-
		Reinsurance recoveries (income statement) due to ACA Reinsurance		
		payments or expected payments	\$	-
		9 ACA Reinsurance Contributions - not reported as ceded premium	\$	-
c.	Temporary AC	A Risk Corridors Program		
	Assets			
		1 Accrued retrospective premium due to ACA Risk Corridors	\$	-
	Liabilities			
		Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	\$	
	Operations (Re	•		
		3 Effect of ACA Risk Corridors on net premium income (paid/received)	\$	-
		4 Effect of ACA Risk Corridors on change in reserves for rate credits	\$	

3. Roll – forward of prior year ACA risk – sharing provisions for the following assets (gross of any nonadmission) and liability balances, along with the reasons for adjustments to prior year balance.

		Accrued During the Prior Year on Business Written Before December 31of the Prior Year		Written Before December 31		Differences  Prior Year Prior Year Accrued Less Accrued Less		s To Prior Year To Prior Year			Unsettled Balances as of the Reporting Date  Cumulative Balance from Balance from	
				of the P	of the Prior Year Pay (C		Payments (Co12-4)	Balances	Balances		Prior Years (Col 13+7)	Prior Years (Co12-4+8)
r		1	2	3	4	5	6	7	8		9	10
		Receivable	(Payable)	Receivable	(Payable)	Receivable	(P ayable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a.	Permanent ACA Risk Adjustment Program											
	1 Premium adjustments receivable	-	(8,400,000)	-	-	-	(8,400,000)	-	-	-		(8,400,000)
Г	2 Premium adjustments (payable)	-	-	-	-	-	-	-	-	-	-	-
	3 Subtotal ACA Permanent Risk Adjustment Program	-	(8,400,000)	-	-	-	(8,400,000)	-	-	-	-	(8,400,000)
b.	Trans itio nal ACA Reins urance P ro gram	-	-	-	-	-	-	-	-	-	-	
	1 Amounts recoverable for claims paid	-	-	-	-	-	-	-	-	-	-	-
	2 Amounts recoverable for claims unpaid (contra liability)	-	-	-	-	-	-	-	-	-	-	-
Г	3 Amounts receivable relating to uninsured plans	-	-	-	-	-	-	-	-	-	-	-
	4 Liabilities for contributions payable due to ACA Reins urance - not reported as ceded	-	-	-	-	-	-	-	-	-	-	-
	5 Ceded reinsurance premiums payable	-	-	-	-	-	-	-	-	-	-	-
	6 Liability for amounts held under unins ured plans	-	-	-	-	-	-	-	-	-	-	-
	7 Subtotal ACA Transitional Reinsurance Program	-	-	-	-	-	-	-	-	-	-	-
с.	Temporary ACA Risk Corridors Program	-	-	-	-	-	-	-	-	-	-	-
	1 Accrued retrospective premium	-	-	-	-	-	-	-	-	-	-	-
	2 Reserve for rate credits or policy experience rating refunds	-	-	-	-	-	-	-	-	-	-	-
	3 Subtotal ACA Risk Corridors Program	-	-	-	-	-	-	-	-	-	-	-
d	To tal for ACA Risk Sharing Provisions	-	(8,400,000)	-	-	-	(8,400,000)	-	-	-	-	(8,400,000)
		•										

4. Roll – forward of Risk Corridors Asset and Liability Balances by Program Benefit Year

Risk C	orrido	or Program Year	Accrued During	the Prior Year	Received or Paid as of the		Differ	ences	Ad	ljustments		Unsettled Balances as of the	
		on Business Written Before		Current Year	on Business						Report	ing Date	
			December 31 of	f the Prior Year	Written Before	e December 31	Prior Year	Prior Year	To Prior Year	To Prior Year		Cumulative	Cumulative
					of the Pr	rior Year	Accrued Less	Accrued Less	Balances	Balances		Balance from	Balance from
							Payments	Payments				Prior Years	Prior Years
							(Col 1-3)	(Col 2-4)				(Col 1-3+7)	(Col 2-4+8)
			1	2	3	4	5	6	7	8		9	10
			Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a.	2014	4											
	1.	Accrued retrospective premium	0	0	0	0	0	0	0	0	Α	0	0
	2.	Reserve for rate credits or policy											
		experience rating refunds											
b.	2015	5											
	1.	Accrued retrospective premium	0	0	0	0	0	0	0	0	Α	0	0
	2.	Reserve for rate credits or policy											
		experience rating refunds	0	0	0	0	0	0	0	0		0	0
C.	2016	5											
	1.	Accrued retrospective premium	0	0	0	0	0	0	0	0		0	0
	2.	Reserve for rate credits or policy											
		experience rating refunds	0	0	0	0	0	0	0	0		0	0
d	Tota	I for Risk Corridors		0	0	0		0	0	0		0	0

### Note 25 - Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of December 31, 2017 were \$233,441,004 for unpaid claims and incentives and \$0 for unpaid claims adjustment expenses. As of March 31, 2018, \$156,916,166 has been paid for incurred claims and claims adjustment expenses attributable to insured events of prior years. There are \$76,539,816 reserves remaining for prior years. Therefore there has been a \$14,978 favorable prior year development since December 31, 2017 to March 31, 2018. Original estimates are increased or decreased as additional information becomes know regarding individual claims.

#### Note 26 - Intercompany Pooling Arrangements

None

Note 27 - Structured Settlements

None

STATEMENT AS OF March 31, 2018 OF THE Meridian Health Plan of Michigan, Inc.

## **Notes to Financial Statement**

Note 28 - Health Care Receivables

No change

Note 29 - Participating Policies

None

Note 30 - Premium Deficiency Reserves

None

Note 31 - Anticipated Salvage and Subrogation

None

## **GENERAL INTERROGATORIES**

## PART 1 - COMMON INTERROGATORIES GENERAL coctions requiring the filing of Disclosure of Material Transactions with the State of

	Domicile, as requir	Domicile, as required by the Model Act?  1.2 If yes, has the report been filed with the domiciliary state?  Yes[] N								
	Has any change b reporting entity? If yes, date of char	een made during the year of this	statement in the charter, by-lav	vs, articles of in	corporation, or deed	d of settlement	of the	Yes[ ] No[X]		
3.2 3.3 3.4	an insurer?  If yes, complete Have there been a If the response to Is the reporting en	tity a member of an Insurance Ho Schedule Y, Parts 1 and 1A. ny substantial changes in the org 3.2 is yes, provide a brief descrip tity publicly traded or a member of 3.4 is yes, provide the CIK (Central	ganizational chart since the priction of those changes: of a publicly traded group?	or quarter end?	·	ns, one or more	of which is	Yes[X] No[] Yes[] No[X] Yes[] No[X]		
4.2	If yes, provide the	entity been a party to a merger or name of entity, NAIC Company ( of the merger or consolidation.	consolidation during the period code, and state of domicile (use	d covered by thi e two letter state	s statement? e abbreviation) for a	ny entity that h	as ceased	Yes[ ] No[X]		
		1 Name o	f Entity	NAIC C	2 ompany Code	State o	3 of Domicile			
	L						<u></u>	<u></u>		
		ity is subject to a management and its its subject to a management and its subject and its sub					ney-in-fact,	Yes[ ] No[X] N/A[ ]		
		ate the latest financial examination ethat the latest financial examination				ne reporting en	itity. This	12/31/2014		
6.3	date should be the State as of what dathe reporting entity date).	date of the examined balance slate the latest financial examination. This is the release date or com	neet and not the date the repor on report became available to o	t was completed ther states or th	d or released. ie public from either	the state of do	omicile or	03/31/2016		
	By what departme DIFS	•	-11		akad fan 'n arakara		4-4			
6.6	filed with Departme Have all of the reco	ommendations within the latest fir	nancial examination report beer	n complied with	?			Yes[] No[] N/A[X] Yes[X] No[] N/A[]		
		entity had any Certificates of Aut vernmental entity during the reportant rmation		(including corpo	orate registration, if	applicable) sus	pended or	Yes[] No[X]		
8.2 8.3 8.4	If response to 8.1 Is the company aff If response to 8.3 regulatory services	subsidiary of a bank holding comes yes, please identify the name of illated with one or more banks, the syes, please provide below the stagency [i.e. the Federal Reservation (FDIC) and the Securities Extended.	of the bank holding company. nrifts or securities firms? names and location (city and st e Board (FRB), the Office of the	ate of the main e Comptroller of	office) of any affilia	c), the Federal	y a federal Deposit	Yes[ ] No[X] Yes[ ] No[X]		
		1	2	3	4	5	6			
		Affiliate Name	Location (City, State)	FRB No	OCC No	FDIC No	SEC No			
9.1	similar functions) c (a) Honest and eirelationships; (b) Full, fair, accu (c) Compliance w (d) The prompt in	cers (principal executive officer, post the reporting entity subject to a chical conduct, including the ethic rate, timely and understandable ith applicable governmental laws ternal reporting of violations to all for adherence to the code.	code of ethics, which includes al handling of actual or appare disclosure in the periodic repor s, rules and regulations;	nal accounting o the following st nt conflicts of in ts required to be	fficer or controller, of andards? terest between perse e filed by the reporti	or persons perf	orming	Yes[X] No[ ]		
9.2	1 If the response to Has the code of e	9.1 is No, please explain: ethics for senior managers been a	amended?					Yes[] No[X]		
9.3	Have any provision	9.2 is Yes, provide information rons of the code of ethics been was 9.3 is Yes, provide the nature of	aived for any of the specified of	ficers?				Yes[] No[X]		
10.1 10.2	1 Does the reportin 2 If yes, indicate ar	g entity report any amounts due ly amounts receivable from parei	from parent, subsidiaries or affi	ANCIAL iliates on Page 2 nt:	2 of this statement?			Yes[ ] No[X] \$0		
	use by another p	stocks, bonds, or other assets of erson? (Exclude securities under d complete information relating t	the reporting entity loaned, place securities lending agreements	STMENT ced under option.)	n agreement, or oth	erwise made a	vailable for	Yes[ ] No[X]		
12.	Amount of real es	state and mortgages held in other	r invested assets in Schedule E	BA:				\$0		
13.	Amount of real es	state and mortgages held in short	t-term investments:					\$0		
14.1 14.2	1 Does the reportin 2 If yes, please cor	g entity have any investments in nplete the following:	parent, subsidiaries and affiliat	es?				Yes[] No[X]		

## **GENERAL INTERROGATORIES (Continued)**

		1	2
		Prior Year-End	Current Quarter
		Book/Adjusted	Book/Adjusted
		Carrying Value	Carrying Value
14.21	Bonds		
14.22	Preferred Stock		
14.23	Common Stock		
14.24	Short-Term Investments		
14.25	Mortgages Loans on Real Estate		
14.26	All Other		
14.27	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)		
14.28	Total Investment in Parent included in Lines 14.21 to 14.26 above		

5.1	Has the reporting	entity entered	l into anv hedgi	ng transactions	reported on	Schedule DB?

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement.

Yes[ ] No[X] Yes[ ] No[ ] N/A[X]

0 0

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:
16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2
16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2
16.3 Total populate for acquirities lending reported on the link lith asset.

- 16.3 Total payable for securities lending reported on the liability page

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

Yes[X] No[]

17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1	2
Name of Custodian(s)	Custodian Address
Comerica Bank Illinois National Bank	

17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1	2	3
Name(s)	Location(s)	Complete Explanation(s)

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? 17.4 If yes, give full and complete information relating thereto:

Yes[] No[X]

1	2	3	4
Old Custodian	New Custodian	Date of Change	Reason

17.5 Investment management - Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. [" that have access to the investment accounts"; handle securities"

1	2
Name of Firm or Individual	Affiliation
RSW Investments	U
Madison Scottsdale	Ü
Wells Fargo Advisors	l U

7.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's assets?

7.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's assets?

For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below. 17.5097

Yes[X] No[] Yes[] No[X]

17.6 for the table below.

1	2	3	4	5
Central Registration		Legal Entity	Registered	Investment Management
Depository Number	Name of Firm or Individual	Identifier (LEI)	With	Agreement (IMA) Filed
134261	RSW Investments	n/a	SEC	NO
110297	Madison Scottsdale	n/a	SEC	lNO

88KRVSOEKUGQZI3DKW55

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? 18.2 If no, list exceptions:

Yes[X] No[]

NO

By self-designating 5\*GI securities, the reporting entity is certifying the following elements for each self-designated 5\*GI security:

- a. Documentation necessary to permit a full credit analysis of the security does not exist.
   b. Issuer or obligor is current on all contracted interest and principal payments.
- c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Wells Fargo Advisors

Has the reporting entity self-designated 5\*GI securities?

19616

Yes[] No[X]

STATEMENT AS OF March 31, 2018 OF THE Meridian Health Plan of Michigan, Inc.

## **GENERAL INTERROGATORIES**

### PART 2 - HEALTH

<ol> <li>Operating Percentages:</li> <li>1.1 A&amp;H loss percent</li> <li>1.2 A&amp;H cost containment percent</li> <li>1.3 A&amp;H expense percent excluding cost containment expenses</li> </ol>	91.6419 2.5609 1.1189	)%
<ul> <li>2.1 Do you act as a custodian for health savings accounts?</li> <li>2.2 If yes, please provide the amount of custodial funds held as of the reporting date.</li> <li>2.3 Do you act as an administrator for health savings accounts?</li> <li>2.4 If yes, please provide the balance of the funds administered as of the reporting date.</li> </ul>	Yes[] No[X] \$	)
<ul><li>3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?</li><li>3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?</li></ul>	Yes[X] No[ ] Yes[ ] No[X]	

STATEMENT AS OF March 31, 2018 OF THE Meridian Health Plan of Michigan, Inc.

## **SCHEDULE S - CEDED REINSURANCE**

**Showing All New Reinsurance Treaties - Current Year to Date** 

		<u> </u>						
1	2	3	4	5	6	7	8	9
NAIC					Type of		Certified	Effective Date
Company	ID	Effective		Domiciliary	Reinsurance	Type of	Reinsurer Rating	of Certified
Code	Number	Date	Name of Reinsurer	Jurisdiction	Ceded	Reinsurer	(1 through 6)	Reinsurer Rating
Accident and Health - Non-aff	iliates							
11835	04-1590940	07/01/2017	PARTNERRE AMER INS CO	DE	SS/A/I	Authorized		
11835	04-1590940	01/01/2018	PARTNERRE AMER INS CO			Authorized		

## SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

**Current Year to Date - Allocated by States and Territories** 

		Current Year to Date - Allocated by States and Territories								
						Direct Busin	ness Only			
		1	2	3	4	5 Federal	6 Life and Annuity	7	8	9
		Active	Accident and	Madiana	Madiasid	Employees Health	Premiums	Property/	Total	Danasit Tura
	State, Etc.	Status (a)	Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Benefits Program Premiums	and Other Considerations	Casualty Premiums	Columns 2 Through 7	Deposit-Type Contracts
1.	Alabama (AL)	N								
2.	Alaska (AK)	1								
3.	Arizona (AZ)									
4.	Arkansas (AR)	1								
	California (CA)									
5.										
6.	Colorado (CO)									
7.	Connecticut (CT)									
8.	Delaware (DE)									
9.	District of Columbia (DC)									
10.	Florida (FL)	N								
11.	Georgia (GA)	N								
12.	Hawaii (HI)	N								
13.	Idaho (ID)	N								
14.	Illinois (IL)									
15.	Indiana (IN)								1,458	
16.	lowa (IA)	1								
17.	Kansas (KS)									
18.	Kentucky (KY)									
	Louisiana (LA)									
19.										
20.	Maine (ME)									
21.	Maryland (MD)									
22.	Massachusetts (MA)	N								
23.	Michigan (MI)	L	7,358,548	58,861,774	. 424,578,087				. 490,798,409	
24.	Minnesota (MN)	N								
25.	Mississippi (MS)	N								
26.	Missouri (MO)									
27.	Montana (MT)									
28.	Nebraska (NE)									
29.	Nevada (NV)									
30.	New Hampshire (NH)									
31.	New Jersey (NJ)									
32.	New Mexico (NM)									
33.	New York (NY)									
34.	North Carolina (NC)									
35.	North Dakota (ND)	N								
36.	Ohio (OH)									
37.	Oklahoma (OK)									
38.	Oregon (OR)									
39.	Pennsylvania (PA)	N								
40.	Rhode Island (RI)									
41.	South Carolina (SC)									
42.	South Dakota (SD)	N								
43.	Tennessee (TN)	1								
44.	Texas (TX)	N								
45.	Utah (UT)									
46.	Vermont (VT)									
47.	Virginia (VA)	N								
48.	Washington (WA)									
49.	West Virginia (WV)									
50.	Wisconsin (WI)	N								
51.	Wyoming (WY)	N N								[
52.	American Samoa (AS)									
	Guam (GU)									
53.										
54.	Puerto Rico (PR)									
55.	U.S. Virgin Islands (VI)									
56.	Northern Mariana Islands (MP)									
57.	Canada (CAN)									
58.	Aggregate other alien (OT)	. XXX.								
59.	Subtotal	. X X X .	7,358,548						. 491,315,484	
60.	Reporting entity contributions for									
	Employee Benefit Plans	. XXX.							l	
61.	Total (Direct Business)	. XXX.	7,358,548						491,315,484	
	LS OF WRITE-INS	. ΛΛΛ.	1,000,040	1 55,570,049	1. 727,510,001		I	[·····	1. 701,010,404	1
		V V V			1			1		
58001.		. XXX.								
58002.		. XXX.								
58003.		. XXX.								
58998.	Summary of remaining write-ins for			1						
	Line 58 from overflow page	. X X X .								
58999.	TOTALS (Lines 58001 through									
1	58003 plus 58998) (Line 58 above)	. x x x .								
	a) Active Status Counts:									

(a) Active Status Counts:

49

L Licensed or Chartered - Licensed insurance carrier or domiciled RRG
E Eligible - Reporting entities eligible or approved to write surplus lines in the state
N None of the above Not allowed to write business in the state

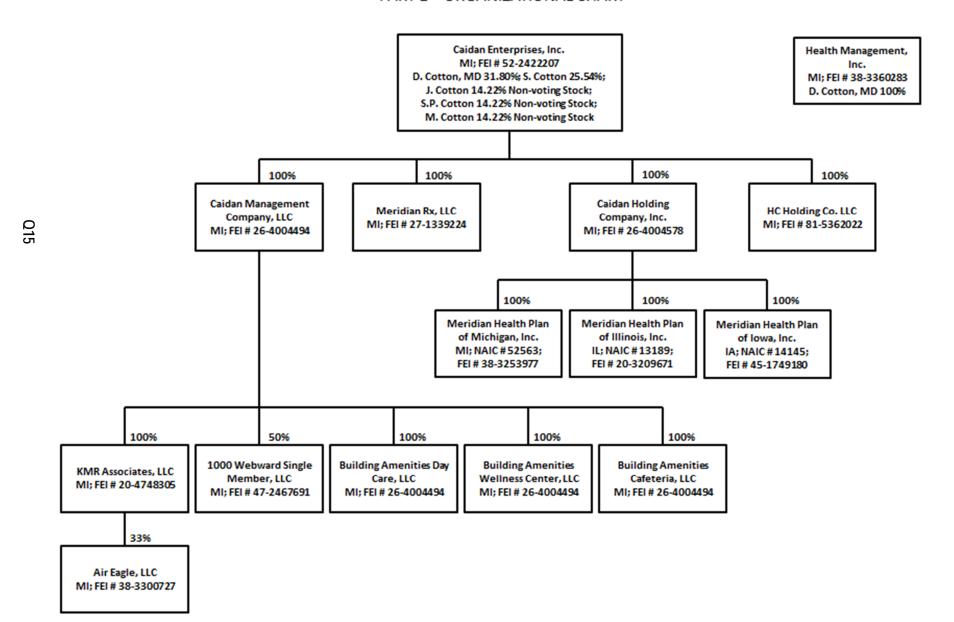
R Registered - Non-domiciled RRGs
Q Qualified - Qualified or accredited reinsurer

## SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP PART 1 - ORGANIZATIONAL CHART

#### SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



## SCHEDULE Y PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
						Name of				Directly	Type of Control				
						Securities	Names of		Relation-	Controlled	(Ownership,	If Control		Is an	
		NAIC				Exchange	Parent,	Domic-	ship to	by	Board.	is	Ultimate	SCA	
		Comp-				if Publicly	Subsidiaries	iliary	Report-	(Name of	Management,	Ownership	Controlling	Filing	
Group		anv	ID	FEDERAL		Traded (U.S.	or	Loca-	ina	Entity /	Attorney-in-Fact,	Provide	Entity(ies)	Required?	
Code	Group Name	Code	Number	RSSD	CIK	or International)	Affiliates	tion	Entity	Person)	Influence, Other)	Percentage	/ Person(s)	(Y/N)	*
	Group Hamo	0000	TTGTTIDO!	TROOP	O.I.C	or international)	7 11111000	4011		1 010011)	imacrico, carory	roroomago	, 1 0.0011(0)	(1/11)	
		00000	52-2422207 .				Caidan Enterprises, Inc.	MI .	UIP	David B. Cotton	Ownership, Board of				
											Directors		David B. Cotton	N	
			52-2422207 .				Caidan Enterprises, Inc.	MI .	UIP	Shery Cotton	Ownership	25.5	David B. Cotton	N	
			26-4004578 .				Caidan Holding Company, Inc.	MI .		Caidan Enterprises, Inc	Ownership		David B. Cotton	N	
		00000	26-4004494 .				Caidan Management Company, LLC	MI .	NIA	Caidan Enterprises, Inc	Ownership		David B. Cotton	.   N	
			38-3360283 .				Health Management, Inc.	MI .	NIA	David B. Cotton	Ownership		David B. Cotton	.   N	
4040	0.34 . 54		27-1339224 .				MeridianRx, LLC	MI .	NIA	Caidan Enterprises, Inc.	Ownership		David B. Cotton	N	
4640	Caidan Enterprises Inc Grp Caidan Enterprises Inc Grp		20-3209671 .				Meridian Health Plan of Illinois, Inc.	IL IA	IA		Ownership		David B. Cotton	N	
4640 4640	Caidan Enterprises Inc Grp		45-1749180 . 38-3253977 .				Meridian Health Plan of Iowa, Inc Meridian Health Plan of Michigan, Inc	IA MI .	RE	Caidan Holding Company, Inc.	Ownership		David B. Cotton	N	
4040	Caldan Enterprises inc Gip		47-2467691				1000 Webward Single Member, LLC	MI .	NIA	Caidan Management Company, LLC	Ownership		David B. Cotton	N	000000
			26-4004494				Building Amenities Day Care, LLC	MI .	NIA	Caidan Management Company, LLC	Ownership		David B. Cotton	N N	
			26-4004494				Building Amenities Wellness Center, LLC	MI .	NIA	Caidan Management Company, LLC	Ownership		David B. Cotton	N	
			26-4004494				Building Amenities Cafeteria, LLC	MI .	NIA	Caidan Management Company, LLC	Ownership		David B. Cotton	N	
		00000	20-4748305				KMR Associates, LLC	MI .	NIA	Caidan Management Company, LLC	Ownership	100.0	David B. Cotton	N	
			38-3300727 .				Air Eagle, LLC	MI .	NIA	KMR Associates, LLC	Ownership	33.0	David B. Cotton	N	000000
		00000	81-5362022 .				HC Holding Co. LLC	MI .	NIA	Caidan Enterprises, Inc	Ownership	100.0	David B. Cotton	N	
		00000												N	

Asterisk	Explanation
0000001	The remaining percent is owned by one or more unaffiliate companies

STATEMENT AS OF March 31, 2018 OF THE Meridian Health Plan of Michigan, Inc.

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

RESPONSE

No

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

Bar Codes:



## **OVERFLOW PAGE FOR WRITE-INS**

## **ASSETS**

	С	Current Statement Date				
	1	2	3			
			Net Admitted	December 31		
		Nonadmitted	Assets	Prior Year Net		
	Assets	Assets	(Cols. 1 - 2)	Admitted Assets		
1197. Summary of remaining write-ins for Line 11 (Lines 1104 through 1196)						
2504.						
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)						

## **STATEMENT OF REVENUE AND EXPENSES (Continued)**

	1	2	3
			Prior Year
	Current Year	Prior Year	Prior Year Ended December 31
	To Date	To Date	December 31
4704.			
4705. 0			
4797. Summary of remaining write-ins for Line 47 (Lines 4704 through 4796)			

## STATEMENT AS OF March 31, 2018 OF THE Meridian Health Plan of Michigan, Inc. SCHEDULE A - VERIFICATION

Real Estate

		1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Current year change in encumbrances		
4.	Total gain (loss) on disposals		
5.	Total gain (loss) on disposals  Deduct amounts received on disposals  Total foreign exchange change in book/adjusted carrying va  NONE		
6.	Total foreign exchange change in book/adjusted carrying va		
7.	Deduct current year's other-than-temporary impairment rectangle		
8.	Deduct current year's depreciation		
9.	Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8)		
10.	Deduct total nonadmitted amounts		
11.	Statement value at end of current period (Line 9 minus Line 10)		

## **SCHEDULE B - VERIFICATION**

Mortgage Loans

	Mortgage Loans		
		1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book value/recorded investment excluding accrued interest, December 31 of prior year		
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease)		
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals		
8.	Deduct amortization of premium and mortgage interest poin		
9.	Total foreign exchange change in book value/recorded inverse = = = = =		
10.	Deduct current year's other-than-temporary impairment recognized		
11.	Book value/recorded investment excluding accrued interest at end of current period (Lines 1 + 2 + 3 + 4 + 5 +		
	6 - 7 - 8 + 9 - 10)		
12.	Total valuation allowance		
13.	Subtotal (Line 11 plus Line 12)		
14.	Deduct total nonadmitted amounts		
15.	Statement value at end of current period (Line 13 minus Line 14)		

#### **SCHEDULE BA - VERIFICATION**

Other Long-Term Invested Assets

	· · · · · · · · · · · · · · · · · · ·	1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year	1,306,535	1,306,535
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease)		
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals		
8.	Deduct amortization of premium and depreciation		
9.	Total foreign exchange change in book/adjusted carrying value		
10.	Deduct current year's other-than-temporary impairment recognized		
11.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10)	1,306,535	1,306,535
12.	Deduct total nonadmitted amounts	1,203,612	1,203,612
13.	Statement value at end of current period (Line 11 minus Line 12)	102,923	102,923

### **SCHEDULE D - VERIFICATION**

Bonds and Stocks

		1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year	125,882,020	111,029,352
2.	Cost of bonds and stocks acquired	2,505,075	40,084,363
3.	Accrual of discount	7,717	14,236
4.	Unrealized valuation increase (decrease)	29,865	1,759,598
5.	Total gain (loss) on disposals		
6.	Deduct consideration for bonds and stocks disposed of	6,143,657	25,602,238
7.	Deduct amortization of premium	448,414	1,756,062
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other-than-temporary impairment recognized		
10.	Total investment income recognized as a result of prepayment penalties and/or acceleration fees	27,586	
11.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9 + 10)	121,849,271	125,882,020
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)	121,849,271	125,882,020

## **SCHEDULE D - PART 1B**

## Showing the Acquisitions, Dispositions and Non-Trading Activity During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

	During the Gui	CIIL Qualter	ioi ali bolla	3 and i leter	rea olock by	INAIO DESIG	mation		
		1	2	3	4	5	6	7	8
		Book/Adjusted				Book/Adjusted	Book/Adjusted	Book/Adjusted	Book/Adjusted
		Carrying Value	Acquisitions	Dispositions	Non-Trading	Carrying Value	Carrying Value	Carrying Value	Carrying Value
		Beginning of	During Current	During Current	Activity During	End of	End of	End of	December 31
	NAIC Designation	Current Quarter	Quarter	Quarter	Current Quarter	First Quarter	Second Quarter	Third Quarter	Prior Year
BOND	S								
1.	NAIC 1 (a)	145,120,636	8,366,312	14,489,125	(667,968)	138,329,855			145,120,636
2.	NAIC 2 (a)	34,305,121	8,438,733	4,979,967	(73,342)	37,690,546			34,305,121
3.	NAIC 3 (a)	529,495		526,339	(3,156)				529,495
4.	NAIC 4 (a)								
5.	NAIC 5 (a)								
6.	NAIC 6 (a)								
7.	NAIC 6 (a) Total Bonds	179,955,252	16,805,045	19,995,431	(744,465)	176,020,401			179,955,252
PREF	ERRED STOCK								
8.	NAIC 1								
9.	NAIC 2								
10.	NAIC 3								
11.	NAIC 4								
12.	NAIC 5								
13.	NAIC 6								
14.	Total Preferred Stock								
15.	Total Bonds & Preferred Stock	179,955,252	16,805,045	19,995,431	(744,465)	176,020,401			179,955,252
							•		

<sup>(</sup>a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....38,403,319; NAIC 2 \$......0; NAIC 4 \$......0; NAIC 5 \$.......0; NAIC 6 \$...........0

#### **SCHEDULE DA - PART 1**

#### **Short - Term Investments**

	1	2	3	4	5
	Book/Adjusted				Paid for Accrued
	Carrying		Actual	Interest Collected	Interest
	Value	Par Value	Cost	Year To Date	Year To Date
9199999. Totals	71,405,249	X X X	72,092,952	230,156	61,517

## **SCHEDULE DA - Verification**

#### **Short-Term Investments**

	***************************************		
		1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year	71,295,068	83,072,839
2.	Cost of short-term investments acquired	15,181,700	22,355,753
3.	Accrual of discount	1,403	4,650
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals	19	(49,898)
6.	Deduct consideration received on disposals	14,767,769	32,410,767
7.	Deduct amortization of premium	305,172	1,677,509
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other-than-temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 +		
	3 + 4 + 5 - 6 - 7 + 8 - 9)	71,405,249	71,295,068
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	71,405,249	71,295,068

SI04	Schedule DB - Part A Verification	 	NONE
SI04	Schedule DB - Part B Verification	 	NONE
SI05	Schedule DB Part C Section 1	 	NONE
SI06	Schedule DB Part C Section 2	 	NONE
SI07	Schedule DB - Verification	 	NONE

STATEMENT AS OF March 31, 2018 OF THE Meridian Health Plan of Michigan, Inc.

STATEMENT AS OF March 31, 2018 OF THE Meridian Health Plan of Michigan, Inc.

## **SCHEDULE E - PART 2 - VERIFICATION**

(Cash Equivalents)

		1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year	2,076,605	
2.	Cost of cash equivalents acquired	19,930,025	123,518,295
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration received on disposals	15,271,982	121,441,690
7.	Deduct amortization of premium		
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other-than-temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 +		
	3 + 4 + 5 - 6 - 7 + 8 - 9)	6,734,648	2,076,605
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	6,734,648	2,076,605

E01 Schedule A Part 2NONE	Ξ
E01 Schedule A Part 3NONE	<b>=</b>
E02 Schedule B Part 2NONE	Ξ
E02 Schedule B Part 3NONE	Ē
E03 Schedule BA Part 2	Ξ
E03 Schedule BA Part 3	<b>=</b>

## **SCHEDULE D - PART 3**

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

	511	IOW All LC	nig-Terili bolia	s and Stock Acquired During the Current	Quarter				
1	2	3	4	5	6	7	8	9	10
								Paid for	NAIC
								Accrued	Designation
CUSIP				Name of	Number of			Interest and	or Market
Identification			Date Acquired	Vendor	Shares of Stock	Actual Cost	Par Value	Dividends	Indicator (a)
Bonds - U.S.	Governments		'						,
912828B90	UNITED STATES TREASURY		02/16/2018	FIRST CLEARING CORPORATION	x x x	328,917	330,000	3,154	1
0599999 Subto	tal - Bonds - U.S. Governments				X X X	328,917		3,154	X X X
	States, Territories and Possessions							-, -	
677522WR1 .	OHIO ST		02/05/2018	Not Provided	x x x	720,950	625,000		1FE
1799999 Subto	tal - Bonds - U.S. States, Territories and Possessions				X X X	720,950	625,000	1,215	X X X
Bonds - U.S.	Special Revenue, Special Assessment					.,		, -	
46613SHW3	JEA FLA ELEC SYS REV		01/12/2018	Unknown	x x x	107.743	95.000	1 333	z
	JEA FLA ELEC SYS REV		01/12/2018	Unknown	X X X	175,790			
	NEW YORK N Y CITY TRANSITIONAL FIN AUTH			Not Provided	X X X	289,945			1FE
3199999 Subto	tal - Bonds - U.S. Special Revenue, Special Assessment				X X X	573,478	500,000	7,674	X X X
8399997 Subto	tal - Bonds - Part 3				X X X	1,623,345	1,455,000	12,043	X X X
8399998 Sumr	nary Item from Part 5 for Bonds (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X
	tal - Bonds				X X X	1,623,345	1,455,000	12,043	X X X
8999998 Sumr	nary Item from Part 5 for Preferred Stocks (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X
	tal - Preferred Stocks				X X X		X X X		X X X
Common Sto	cks - Mutual Funds								
24610C857	DELAWARE VALUE;INST	C	03/23/2018	Not Provided	320.045	6.731	XXX		U
47803T627	J HANCOCK III:INT GR;I			Not Provided	29,481.132				Ĺ
9299999 Subto	tal - Common Stocks - Mutual Funds				X X X	881,731	X X X		X X X
	tal - Common Stocks - Part 3				X X X	881,731	X X X		X X X
9799998 Sumr	nary Item from Part 5 for Common Stocks (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X
	tal - Common Stocks				X X X	881,731	X X X		X X X
9899999 Subto	tal - Preferred and Common Stocks				X X X	881,731	X X X		X X X
9999999 Total	- Bonds, Preferred and Common Stocks				X X X	2,505,075	X X X	12,043	X X X

<sup>(</sup>a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues ......1.

## SCHEDULE D - PART 4

## Show All Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed of

**During the Current Quarter** 

							Dur	ing the C	urrent (	Juarter										
1	2	3	1 5	6	7	8	9	10			ook/Adjusted Ca	arrying Value		16	17	18	19	20	21	22
		F							11	12	13	14	15							
		,																		
		_						Prior Year			Current Veerle		Total	Dook				Bond Interest/		
		1									Current Year's		Total	Book/					a	
		е						Book/	Unrealized		Other Than	Total	Foreign	Adjusted	Foreign			Stock	Stated	NAIC
		i		Number				Adjusted	Valuation	Current Year's	Temporary	Change in	Exchange	Carrying Value	Exchange	Realized	Total	Dividends	Contractual	I Designation
CUSIP		g Disp	osal Name of	of Shares		Par	Actual	Carrying	Increase/	(Amortization)	Impairment	B./A.C.V.	Change in	at Disposal	Gain (Loss)	Gain (Loss)	Gain (Loss)	Received	Maturity	or Market
Identification	Description	n D	ate Purchaser	of Stock	Consideration	Value	Cost	Value	(Decrease)	Accretion	Recognized	(11 + 12 - 13)	B./A.C.V.	Date	on Disposal	on Disposal	on Disposal	During Year	Date	Indicator (a
Panda I	J.S. Governments											,			· ·	<u> </u>	'	_ <u> </u>		<u> </u>
																				1.
	GN 687987 - RMBS		/2018   Paydown	XXX	3.337		3.448			(27)		(128)		3.337				12	10/15/2023 08/15/2039	
	GN 710732 - RMBS		/2018   Paydown	:	2.036	2.036	2,118	2.081		(45)		(45)		2.036				15	08/15/2024	
38373MR51 .	GNR 0814A C - CMBS		/2018 Paydown	xxx	18,042	18,042	18,886	18,461		(423)		(423)		18,042		0	0	117	12/16/2042	
38373SW78 .	GNR 0335 TB - CMO/RMBS		/2018 Paydown	XXX	2,066	2,066	2,087	2,079		(12)		(12)		2,066		0	0	7	03/16/2033	1
38375CWQ9 38376YXA4	GNR 1243E JP - CMO/RMBS		/2018   Paydown		7,074			7,304		(228)		(228)		7,074 39.576		1	] 0	18	07/20/2039 02/20/2039	1
38377FY54	GNR 1073B CA - CMO/RMBS	03/01	/2018 Paydown	xxx	36,841	36,841	38,292	37,418		(576)		(576)		36,841				139	08/20/2035	1
38377JDZ3	GNR 10109B CG - CMO/RMBS		/2018 Paydown	xxx	11,884	11,884	12,266	11,908		(25)		(25)		11,884				45	12/20/2037	11
38377JPQ0 . 38377JZM8 .	GNR 1098F VA - CMO/RMBS		/2018   Paydown	XXX	30,897	30,897 6.185	34,779	31,154 6,195		(84)		(84)		30,897 6,185				170	09/20/2021 04/20/2039	11
38377JZM8 . 38377KCH1 .	GNR 10125B MJ - CMO/RMBS		/2018   Paydown	:	28.262	28.262	6,383	29.047				(785)		28.262				70	03/20/2039	1
38377MH82 .	GNR 10147F PH - CMO/RMBS	03/01	/2018 Paydown	XXX	17,125	17,125	17,570	17,531		(405)		(405)		17,125		0	0	37	05/20/2040	1
38378BX53 .	GNR 12132 AE - CMBS		/2018 Paydown	xxx	202,543	202,543	200,138	200,063		2,480		2,480		202,543		0		355	06/16/2053	
38378EP23	GNR 1261A PD - CMO/RMBS		/2018   Paydown		47,207	47,207				(292)		(292)				10	] 0		04/20/2039 01/20/2041	1
38378ND91 .	GNR 1433 AB - CMBS		/2018   Paydown	:	38.819	38,819	39,195	39.022		(202)				38.819		1	l 0	98	08/16/2039	11
38378NMN0 .	GNR 13193 A - CMBS		/2018 Paydown	xxx	33,694	33,694	33,863	33,781		(86)		(86)		33,694		0		54	09/16/2051	
38379JH61	GNR 1536J AB - CMO/RMBS		/2018 Paydown	XXX	2.345	66,146	67,552	67,377		(1,230)		(1,230)		2.345		0	0	117	01/16/2040	l a
38379KEU8 . 38379NYA4 .	GNR 1533 AH - CMBS		/2018   Paydown	XXX	171,584	171,584		2,374 175,146		(29)		(29)		2,345 171,584		0	] 0	332	02/16/2045 08/20/2041	
38380CXN8 .	GNR 174F BG - CMO/RMBS		/2018 Paydown	xxx	44,773	44,773	44,717	44,718						44,773				94	05/20/2042	
831641EZ4	SBIC 1310B B - ABS		/2018 Paydown	XXX	21,320	21,320	22,463	21,312		8		8		21,320					09/10/2023	
	UNITED STATES TREASURY	03/06	/2018 Unknown	XXX	325,991	330,000	328,917			14		14		328,931		(2,940)	(2,940)	3,408	02/28/2021	
0599999 Subto	tal - Bonds - U.S. Governments	<u> </u>	·····	XXX	1,197,311	1,201,321	1,214,409	877,673		(6,154)		(6,154)		1,200,252		(2,941)	(2,941)	5,326	XXX.	XXX.
Bonds - l	J.S. Political Subdivisions of S	States,	Territories and Possess	sions																
088365DC2 .	BEXAR CNTY TEX HOSP DIST	03/0	/2018 Call @ 100.00	xxx				632,393		(2,393)		(2,393)							02/15/2032	1FE
25476FUE6 .	DISTRICT COLUMBIA		/2018 Not Provided	XXX	181,524	150,000	180,974	180,862		(88)		(88)		180,774		750	750	854	06/01/2032	
	MISSION CONS INDPT SCH DIST TEX		/2018 Call @ 100.00	XXX	350,000	350,000	364,284	350,419		(À19)		(419)		350,000				8,750	02/15/2034	
2499999 Subto	tal - Bonds - U.S. Political Subdivisions of State	s, Territor	es and Possessions	XXX	531,524	500,000	545,257	1,163,674		(2,900)		(2,900)		530,774		750	750	9,604	XXX.	XXX.
Bonds - l	J.S. Special Revenue, Special	<b>Asses</b>	sment																	
088365DC2 .	BEXAR CNTY TEX HOSP DIST	03/0	/2018 Call @ 100.00	xxx	630,000	630,000	690,335							630,000				15,750	02/15/2032	1FE
199561GH8 .	COLUMBUS OHIO SWR REV	01/10	/2018 Not Provided	XXX	205,553	175,000	209,076	201,763		(107)		(107)		201,655		3,898	3,898	997	06/01/2028	
254845GB0 .	DISTRICT COLUMBIA WTR & SWR	00/0	/2018 Not Provided	V V V	000 000	005 000	240.004	000 507		(1 844)		(4.044)		004 002		(824)	(004)	5 000	40/04/0004	455
31283KWN4 .	AUTH PUB UTI		/2018 Not Provided/2018 Paydown		290,860	285,000 1.294	319,801	293,527		(1,844)		(1,844)		291,683		(824)	0 (824)	5,938	10/01/2024 04/01/2019	1FE
3128KQD78 .	FH A60126 - RMBS	03/01	/2018 Paydown	xxx	1,240	1,240	1,299	1,319		(78)		(78)		1,240					05/01/2037	1
3128MCGH2	FH G13600 - RMBS		/2018 Paydown	XXX	993	993	1,018	1,012		(16)		(16)		993				4	06/01/2024	
3128MMKX0 3128PNCH9.	FH G18309 - RMBS		/2018   Paydown					775		17		17				0	0	3	05/01/2024 06/01/2024	
31297H4M8 .	FH A29828 - RMBS		/2018 Paydown	:	2.992	2.992	3.054	3,052		(59)		(59)		2.992		0		14	02/01/2035	
31297VY69 .	FH A39733 - RMBS		/2018 Paydown	xxx			882	890		(22)		(22)						0	11/01/2035	1
31335HVE0 . 3136A1BN4 .	FH C90613 - RMBS		/2018   Paydown					14.305		11 (182)		11				0	0	2	01/01/2023	
3136A4E88 .	FNR 11103C JK - CMO/RMBS		/2016   Paydown/2018   Paydown	:	5.618	5.618	5 643	5.621		(83)		(83)		5.618			J	12	07/25/2029	
3136A9AZ1 .	FNR 12106A MA - CMO/RMBS		/2018   Paydown	XXX	980	980		1,003		(23)				980				2	06/25/2042	
3136AEJA6 .	FNR 1358A A - CMO/RMBS		/2018 Paydown	XXX	97,260	97,260	97,898	97,745		(485)		(485)		97,260				148	12/25/2039	
3136AFDX9 . 3136AH2M1 .	FNR 1372E GB - CMO/RMBS		/2018   Paydown	XXX	77,199	77,199	78,417			(989)		(989)		77,199		]ŏ	ŏ	158	11/25/2042 06/25/2043	
3136AH7E4 .	FNR 143B BL - CMO/RMBS	03/0	/2018   Paydown	:	29,036	29,036	29,227	29,146		(176)		(176)		29,036		1	l		04/25/2029	
3136AKK93 .	FNR 1452C QG - CMO/RMBS	03/01	/2018 Paydown	xxx	35,335	35,335	35,335	35,335						35,335				90	12/25/2043	
3136APH39 .	FNR 1555H QD - CMO/RMBS		/2018 Paydown	XXX	77,198	77,198	79,260	79,438		(2,240)		(2,240)		77,198				132	10/25/2042	1
3136AQQ78 . 3136ARCK2 .	FNR 1595D AP - CMO/RMBS		/2018   Paydown		69,060 47.771	69,060 47,771	70,441			(1,384)		(1,384)		69,060 47,771		0	[ · · · · · · · · · · 0	138	08/25/2042 09/25/2040	1
3136AW4X2 .	FNR 1753E PD - CMO/RMBS		/2018   Paydown	:	35,657	35,657	35,512	35,514		143		143		35,657		0	0	78	07/25/2040	i
31371KSH5 .	FN 254420 - RMBS	03/01	/2018 Paydown	XXX	1,739	1,739	1,791	1,762		(23)		(23)		1,739				11	07/01/2022	
31371LCD9 .	FN 254868 - RMBS		/2018 Paydown	XXX		580	595	597		(12)		(12)		580		0		1 3	09/01/2033	
31371LHE2 . 31371MBN6 .	FN 255029 - RMBS		/2018   Paydown	XXX				1,204		11		11		1,205		0	] 0	5	12/01/2023 05/01/2025	
	1 400  TO -   NIVIDO	00/0		·   · · · · · · · · · · · · · · · · · ·	482			1 0//	1		1	1 II	1	1	1	1	1 U	1	1 0010112020	

## **SCHEDULE D - PART 4**

## Show All Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed of

**During the Current Quarter** 

							Duri	ing the C	urrent (	Juarter										
1	2 3	3 4	5	6	7	8	9	10			ook/Adjusted Ca	arrying Value		16	17	18	19	20	21	22
	F	:							11	12	13	14	15							1
		,																		1
								Prior Year			Current Year's		Total	Book/				Bond Interest/		1
								Book/	Unrealized		Other Than	Total	Foreign	Adjusted	Foreign			Stock	Stated	NAIC
		'		Ni. saala a s						0			"	1 '		Deslined	T-4-1			1
				Number		_		Adjusted	Valuation	Current Year's	1	Change in	Exchange	Carrying Value	Exchange	Realized	Total	Dividends	Contractual	Designation
CUSIP	9			of Shares		Par	Actual	Carrying	Increase/	(Amortization)		B./A.C.V.	Change in	at Disposal	Gain (Loss)	Gain (Loss)	Gain (Loss)	Received	Maturity	or Market
Identification	Description n	. Date		of Stock	Consideration	Value	Cost	Value	(Decrease)	Accretion	Recognized	(11 + 12 - 13)	B./A.C.V.	Date	on Disposal	on Disposal	on Disposal	During Year	Date	Indicator (a)
3137A5ZA5 . 3137A8L89	FHR 3796B LA - CMO/RMBS	. 03/01/20	Paydown	XXX	43,893 2.428	43,893		43,852		42				43,893		0	0	61	06/15/2039 11/15/2018	[1
3137AGL69	FHR 3857A GL - CMO/RMBS	. 03/01/20			39.674	39,674	40.988	40.899		(1,226)		(1,226)		39.674		0	0	76	05/15/2040	11
3137AEGA7 .	FHR 3903C QE - CMO/RMBS	. 03/01/20		XXX	28,790	28,790	29,330	29,231		(440)		(440)		28,790				63	03/15/2041	1
3137AH4V7 .	FHR 3936D KC - CMO/RMBS	. 03/01/20		XXX	8,855	8,855	8,833	8,841		(95)		(95)		8,855					03/15/2026	[1
3137AKAW1 . 3137ALTS8 .	FHR 3982B ND - CMO/RMBS	. 03/01/20		XXX	34,799 36.118	34,799	35,202	35,110		(9/1)		(9/1)		34,799				123	10/15/2038 11/15/2038	1
3137APKC3 .	FHR 4030G DA - CMO/RMBS	. 03/01/20		XXX	6,236	6,236	6,267	6,251				7		6,236		0	0		02/15/2041	i
3137AQXM5 .	FHR 4058B C - CMO/RMBS	. 03/01/20		XXX	20,535	20,535	21,498	21,290		(754)		(754)		20,535				52	08/15/2030	1
3137AWB95 . 3137AYEW7 .	FHR 4135E CE - CMO/RMBS	. 03/01/20		XXX	6,316	6,316	6,336	6,327 49.539		(11)		(11)		49,499			[ 0	8	11/15/2027 06/15/2042	11
3137AYEW7 .	FHR 4221B HJ - CMO/RMBS	. 03/01/20		XXX	23,722	23,722	49,561	23,777		(40)		(40)		23,722		1	I	30	06/15/2042	I i
3137BCA40 .	FHR 4371B E - CMO/RMBS	. 03/01/20	118 Paydown	XXX	32,173	32,173	33,304	33,133		(959)		(959)		32,173		0	0	82	07/15/2037	1
3137BHGR2 .	FHR 4463C MG - CMO/RMBS	. 03/01/20		XXX	47,939	47,939	48,366	48,374		(435)		(435)		47,939		0	0	93	07/15/2043	[1
3137BMH66 . 3137BY6U9 .	FHR 4535A JP - CMO/RMBS	. 03/01/20		XXX	57,480	57,480	58,307	58,297 145.966		(816)		(816)		57,480		······		179	11/15/2043 09/15/2042	1
31394GU92 .	FHR 2666A BD - CMO/RMBS	. 03/01/20		XXX	2,339	2,339	2,491	2,428		(91)		(91)		2,339				9	08/15/2023	li
31395AX83 .	FHR 2829B DK - CMO/RMBS	. 03/01/20	118 Paydown	XXX	4,983	4,983	5,280	5,007		(24)		(24)		4,983				42	07/15/2019	1
31396QZS1 .	FNR 0970D NL - CMO/RMBS	. 03/01/20		XXX	953	953	962	953		(16)		(16)		953				25	08/25/2019	1
31398QPP6 . 31402BXE9 .	FHR 3679B AB - CMO/RMBS	. 03/01/20		XXX	748	31,937	760	32,406 748		(469)		(469)		31,937			· · · · · · · · · · · · · · · · · · ·	3	05/15/2020 08/01/2018	I
31402CVZ2 .	FN 725232 - RMBS	. 03/01/20		XXX	2,079	2,079	2,126	2,132		(38)		(38)		2,079				9	03/01/2034	11
31402DMP2 .	FN 725866 - RMBS	. 03/01/20		XXX	808	808	821	822		(12)		(12)		808				3	09/01/2034	1
31402RA41 . 31403C6L0	FN 735427 - RMBS	. 03/01/20		XXX	900	900	896	897		3		3		900		0	0	(53)	12/01/2018 02/01/2036	1
31403C6L0	FN 745275 - RMBS	. 03/01/20		XXX	805	805	843	852		(33)		(33)		805			0	4	04/01/2036	I 1 · · · · · · · · · · · · · · · · · ·
31410FWM3 .	FN 888152 - RMBS	. 03/01/20		XXX	1,248	1,248	1,298			(11)		(11)		1,248		0	0	7	05/01/2021	1
31412QWA3 .	FN 932241 - RMBS	. 03/01/20		XXX	1,152	1,152	1,189	1,161		(9)		(9)		1,152		0	0	6	12/01/2019	[1
31414PZM4 . 31414R7J8	FN 972448 - RMBS	. 03/01/20		XXX	297	297	311	318		(19)		[(19) [(4)							03/01/2038 04/01/2023	[]
31416RFA6 .	FN AA7360 - RMBS	. 03/01/20		XXX	206					1		11					0		01/01/2034	11
31416RTG8 .	FN AA7750 - RMBS	. 03/01/20		XXX	1,002	1,002	1,003	1,001		11		11		1,002		0	0	4	06/01/2024	1
31417KQ59 . 34074MKC4 .	FN AC1375 - RMBS	. 03/01/20		XXX	1,517	1,517	1,522	1,518				(1.226)		1,517					08/01/2024	1
46613C2E4 .	JEA FLA ELEC SYS REV	. 03/01/20		XXX	283.533	250,000	297,273	283,738		(1,226)		(1,226)		283,533				3,507	01/01/2036 10/01/2026	1FE
	SALT RIV PROJ AGRIC IMPT & PWR	.   0 12/20			200,000	200,000						` ′							10/01/2020	
	DIST ARIZ		Not Provided	XXX	360,096	320,000	375,280	358,286		(251)		(251)		358,035		2,061	2,061	1,822	12/01/2031	1FE
3199999 Subto	otal - Bonds - U.S. Special Revenue, Special Asse	essment		XXX	2,975,451	2,865,409	3,118,728	2,360,699		(20,459)		(20,459)		2,970,316		5,135	5,135	30,616	XXX.	XXX.
Bonds - I	ndustrial and Miscellaneous (U	Jnaffiliat	ed)																	1
	HESS CORP	. 02/15/20		xxx	527,586	500,000	598,410	529,495	1	(3,156)	1	(3,156)	l	526.339		(26,339)	(26,339)	47,899	02/15/2019	3FE
	otal - Bonds - Industrial and Miscellaneous (Unaffi			XXX	527,586	500,000	598,410	529,495		(3,156)		(3,156)		526,339		(26,339)	(26,339)	47,899	XXX.	XXX.
	otal - Bonds - Part 4	mateu)		XXX	5,231,872	5,066,730	5,476,804	4,931,540		(32,669)		(32,669)		5,227,680		(23,394)	(23,394)	93,445	XXX .	XXX .
	mary Item from Part 5 for Bonds (N/A to Quarterly	n		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX .	XXX .
8399999 Subto	, , ,			XXX	5.231.872	5.066.730	5,476,804	4,931,540		(32,669)		(32,669)		5,227,680		(23,394)	(23,394)	93,445	XXX .	XXX
	mary Item from Part 5 for Preferred Stocks (N/A to			XXX	XXX	X X X	X X X	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX .	XXX .
	otal - Preferred Stocks			XXX		XXX								XXX					XXX .	XXX .
										1										
	Stocks - Mutual Funds																			1.
	ISHARES:CORE AGGR ALLOC		118 Unknown	82,154.488	33,554	XXX	899,312	864,265	25.04	,		35,047		899,312		33,554			XXX .	[
	J HANCOCK II:G AB RT;I	. 01/25/20	NOT PLONIDED		878,231	XXX			35,047	,						(21,080)	(21,080)		XXX .	U
	otal - Common Stocks - Mutual Funds			XXX	911,786	XXX	899,312	864,265	1	,		35,047		899,312		12,474	12,474		XXX.	XXX.
	otal - Common Stocks - Part 4			XXX	911,786	XXX	899,312	864,265				35,047		899,312		12,474	12,474		XXX.	XXX.
	mary Item from Part 5 for Common Stocks (N/A to	Quarterly)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX.	XXX.
	otal - Common Stocks			XXX	911,786	XXX	899,312	864,265	1			35,047		899,312		12,474	12,474		XXX.	XXX.
	otal - Preferred and Common Stocks			XXX	911,786	XXX	899,312	864,265		'		35,047		899,312		12,474	12,474		XXX.	XXX.
9999999 Total	- Bonds, Preferred and Common Stocks			XXX	6,143,657	XXX	6,376,116	5,795,805	35,047	(32,669)		2,378		6,126,992		(10,921)	(10,921)	93,445	XXX.	XXX.

E06 Schedule DB Part A Section 1
E07 Schedule DB Part B Section 1NONE
E08 Schedule DB Part D Section 1NONE
E09 Schedule DB Part D Section 2 - Collateral Pledged By Reporting Entity NONE
E09 Schedule DB Part D Section 2 - Collateral Pledged To Reporting Entity NONE
E10 Schedule DL - Part 1 - Securities Lending Collateral Assets NONE
E11 Schedule DL - Part 2 - Securities Lending Collateral Assets NONE

STATEMENT AS OF March 31, 2018 OF THE Meridian Health Plan of Michigan, Inc.

## SCHEDULE E - PART 1 - CASH Month End Depository Balances

Mont	II LIIU D	epository b	alalices					
1	2	3	4	5	Book Bala	nce at End of E	ach Month	9
			Amount	Amount of	Dur	ing Current Qua	ırter	
			of Interest	Interest	6	7	8	
			Received	Accrued				
			During	at Current				
		Rate of	Current	Statement	First	Second	Third	
Depository	Code	Interest	Quarter	Date	Month	Month	Month	*
open depositories								
JP Morgan Chase, Detroit, MI. Concentration Account					577,618		799,354	
Comerica Bank, Detroit, MI General Account		1.100	. 143,480		. 144,013,042	. 143,862,288	. 167,324,328	XXX
0199998 Deposits in0 depositories that do not exceed the								
allowable limit in any one depository (see Instructions) - open depositories .	XXX	X X X						XXX
0199999 Totals - Open Depositories	XXX	X X X	. 143,480		. 144,590,660	. 144,537,826	. 168,123,682	XXX
0299998 Deposits in0 depositories that do not exceed the								
allowable limit in any one depository (see Instructions) - suspended								
depositories	XXX	X X X						XXX
0299999 Totals - Suspended Depositories	XXX	X X X						XXX
0399999 Total Cash On Deposit	XXX	X X X	. 143,480		. 144,590,660	. 144,537,826	. 168,123,682	XXX
0499999 Cash in Company's Office	XXX	X X X	. XXX.	X X X				XXX
0599999 Total Cash	XXX	X X X	. 143,480		. 144,590,660	. 144,537,826	. 168,123,682	XXX
	•							

## QE1

## **SCHEDULE E - PART 2 - CASH EQUIVALENTS**

#### Show Investments Owned End of Current Quarter

4	0		4		0	_	0	
1 1	2	3	4	5	6	/	8	9
							Amount of	
			Date	Rate of	Maturity	Book/Adjusted	Interest	Amount Received
Cupin	Description	Codo			•	1 '		
Cusip	Description	Code	Acquired	Interest	Date	Carrying Value	Due & Accrued	During Year
7799999 Subtota	als - Bonds - Total Bonds - Issuer Obligations							
7899999 Subtota	als - Bonds - Total Bonds - Residential Mortgage-Backed Securities							
7999999 Subtota	als - Bonds - Total Bonds - Commercial Mortgage-Backed Securities							
8099999 Subtota	als - Bonds - Total Bonds - Other Loan-Backed and Structured Securities							
8199999 Subtota	als - Bonds - SVO Identified Funds							
	als - Bonds - Total Bonds							
8499999 Subtota	als - Sweep Accounts							
Exempt Money	Market Mutual Funds - as Identified by SVO							
00142W843	INVESCO PREM GV M;INST			0.000	X X X	15,808	17	22
	INVESCO PREM GV M;INST			0.000		1,724,875	2,036	3.738
				0.000	X X X			
8599999 Subtota	als - Exempt Money Market Mutual Funds - as Identified by SVO					1,740,683	2,053	3,759
	y Market Mutual Funds							
000000000	MERIDIAN HPOM LEGACY BDS			0.000	X X X	4,993,965		3,085
8699999 Subtota	als - All Other Money Market Mutual Funds					4,993,965		3,085
8799999 Subtota	als - Other Cash Equivalents							
8899999 Total -	Cash Equivalents					6,734,648	2,053	6,844

## INDEX TO HEALTH QUARTERLY STATEMENT

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